

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54991
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Received
OCT 15 2014
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 16-0037
Date: 3-28-16
Amount Paid: See BOA
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input checked="" type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		Douglas D. + Linda K. Harmon		Mailing Address:		8633 Sandbar Rd.		City/State/Zip:		Bloomington, Mn.		Telephone:		55438 651 645-3611	
Address of Property:		49169 East Shore Rd.		City/State/Zip:		Barnes, Wisconsin		Contractor Phone:		612 918-6990		Plumber:		Cell Phone: 612 840-6815	
Contractor:		Jason Brooks		Agent Phone:		612 918-6990		Agent Mailing Address (include City/State/Zip):				Written Authorization Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Recorded Document: (i.e. Property Ownership)		Volume 470 Page(s) 288	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		04-004-2-44-09-11-4		05		Recorded Document: (i.e. Property Ownership)		Volume 470 Page(s) 288			
1/4, 1/4		Gov't Lot forced in 3		Lot(s)		1		CSM		4/189		Vol & Page		Lot Size	
Section 17, Township 44 N, Range 9 W				Town of:		Barnes								Acreage 2.022	

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If Yes—continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →	Distance Structure is from Shoreline: 48-104 feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ - existing	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: Sewer	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: Septic	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input checked="" type="checkbox"/> existing	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/> Deck	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 28	Width: 24	Height: 80
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	()	()
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	()
	with Loft	()	()
	with a Porch	()	()
	with (2 nd) Porch	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
<input type="checkbox"/> Commercial Use	with Attached Garage	()	()
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	()	()
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	()	()
	Addition/Alteration (specify) Expand Existing Deck	()	()
	Accessory Building (specify)	()	()
	Accessory Building Addition/Alteration (specify)	()	()
	Special Use: (explain)	()	()
	Conditional Use: (explain)	()	()
	Other: (explain) BOA Existing Garage	(28 x 24)	672
MAR 24 2016			
Secretarial Staff			

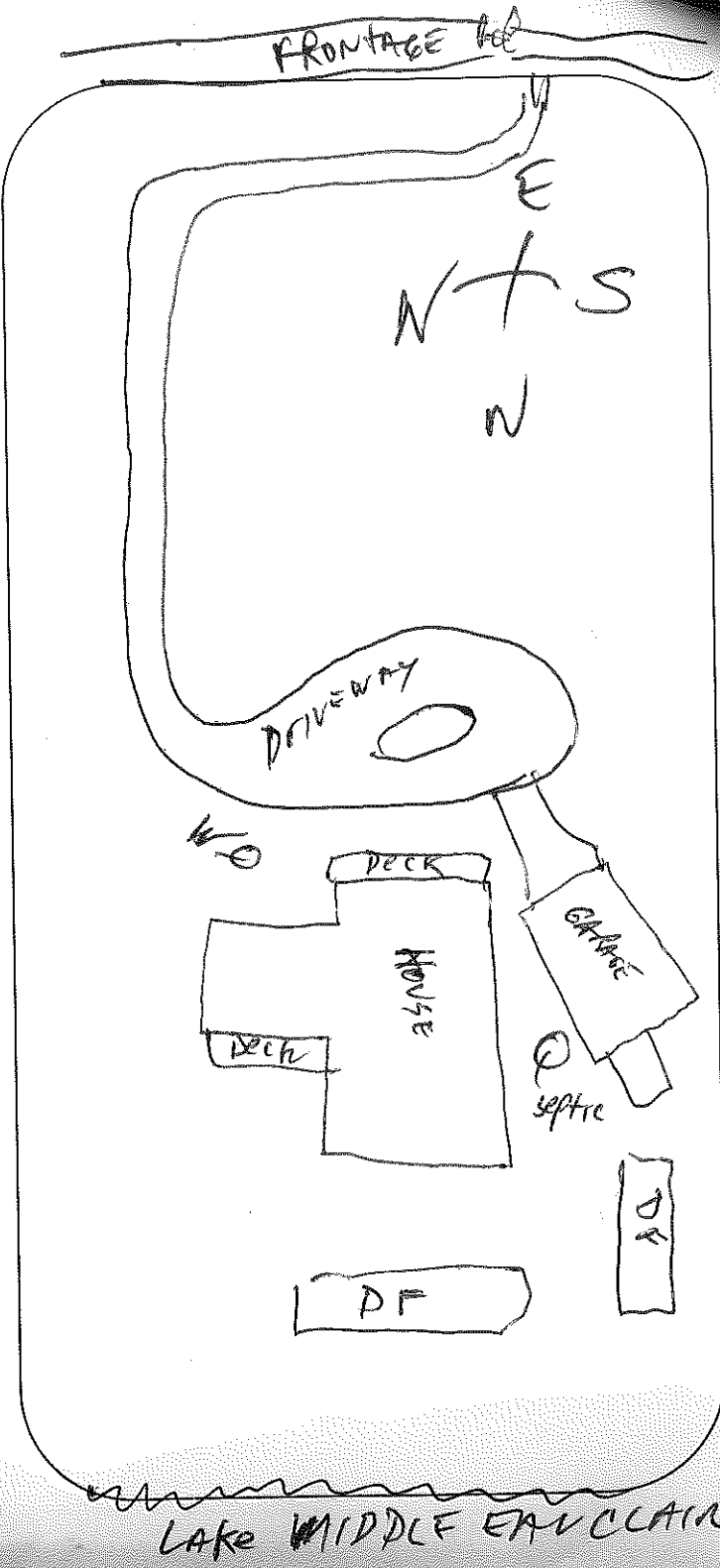
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Douglas D. + Linda K. Harmon
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Jason Brooks
Date: 11/13/14

Address to send permit: 10160 Pleasure Creek Play East, Blaine, MN 55434
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*): All Existing Structures on your Property
(4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100' + Feet	Setback from the Lake (ordinary high-water mark)	104 Feet
Setback from the Established Right-of-Way	100' + Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	117 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	117 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	LAKE Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	416 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	3 Feet	Setback to Well	103 Feet
Setback to Drain Field	20 Feet		
Setback to Privy (Portable, Composting)	1 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 78807	# of bedrooms: 3	Sanitary Date: 3-31-88		
Permit Denied (Date):	Reason for Denial: <i>Final Approval 094-2016B</i>					
Permit #: 16-0087	Permit Date: 3-28-16					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Nonconforming	<input checked="" type="checkbox"/> Yes <i>S. Lot Line</i>	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #: 15-143					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Existing</i>	Was Property Surveyed				
Inspection Record: <i>Existing Building too close to South lot line.</i>	Zoning District: (R-1)					
Date of Inspection: 9-18-15		Inspected by: Robert Schieman		Date of Re-Inspection:		
Condition(s) Town, Committee or Board Conditions Attached? <i>Yes</i>		No (If No they need to be attached.)				
Per BOA Decision on Special Exception (ATF).						
Signature of Inspector: <i>[Signature]</i>	Date of Approval: 11/25/15					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/> <i>Recorded</i>	Hold For Fees: <input type="checkbox"/>	<input checked="" type="checkbox"/> <i>Recorded Dec'd</i>		

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
Date: 10 OCT 15 2014
Bayfield Co. Zoning Dept.

Permit #:	16-0038
Date:	3-28-16
Amount Paid:	SEE BGA
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input checked="" type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>Doug & Linda Harmon</u>	Mailing Address: <u>8633 Sandra Dr</u> City/State/Zip: <u>Bloomington MN 55438</u>	Telephone: _____
Address of Property: <u>49167 E. Shore Rd</u>	City/State/Zip: <u>WI 54873</u>	Cell Phone: _____
Contractor: <u>Also Existing</u>	Contractor Phone: _____	Plumber: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____
PROJECT LOCATION: <u>TAX ID 2084</u>	PIN: (23 digits) <u>04-004-2-44-03-17-4-05-005-0500</u>	Recorded Document: (i.e. Property Ownership) Volume <u>470</u> Page(s) <u>288</u>
<u>1/4, 1/4</u>	Gov't Lot <u>5</u> Lot(s) <u>1</u> CSM <u>589</u> Vol & Page <u>4/183</u>	Subdivision: _____
Section <u>17</u> , Township <u>44</u> N, Range <u>9</u> W	Town of: <u>BARNEYS</u>	Lot Size _____ Acreage <u>2.03</u>

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes--continue <input checked="" type="checkbox"/> Distance Structure is from Shoreline: <u>71.5</u> feet	<input type="checkbox"/> Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ _____	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input checked="" type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>ST</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well <input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>70</u>	Width: <u>70</u>	Height: <u>28</u>
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2 nd) Porch with a Deck with (2 nd) Deck with Attached Garage	(<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>) (<u>X</u>)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ Other: (explain) <u>Variance for Existing House</u>	(<u>X</u>) (<u>X</u>) (<u>70 X 70</u>)	 <u>3350</u>

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the design and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on the information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purposes of inspection.

Owner(s): Doug & Linda Harmon Date: _____
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed by Zoning

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

the box below. Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See Survey

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	456 Feet	Setback from the Lake (ordinary high-water mark)	71.5 Feet
Setback from the Established Right-of-Way	423 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	45 Feet		
Setback from the South Lot Line	34 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	71.5 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	423 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 98807	# of bedrooms: 3	Sanitary Date: 3-31-88		
Permit Denied (Date):	Reason for Denial:					
Permit #: 16-0038	Permit Date: 3-28-16					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Used/Contiguous Lot(s)) Yes OHAWA	<input checked="" type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.) Yes <input type="checkbox"/> No	Case #: 15-153	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Yes <input type="checkbox"/> No Existing	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes Surveyor <input type="checkbox"/> No		
Inspection Record: Existing house encroachment subsequent to Permit 08-652		Zoning District Lakes Classification (1)		Date of Re-Inspection:		
Date of Inspection: 9/18/2015		Inspected by: Robert Schirman				
Condition(s) Town, Committee or Board Conditions Attached? Yes <input type="checkbox"/> No (If No they need to be attached.)		Per Decision of BOA on ATF Variance.				
Signature of Inspector:	228		Date of Approval: 11/25/15			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/> Recorded	Hold For Fees: <input type="checkbox"/>	Recorded		

BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. _____

A REDIVISION OF LOTS 1 AND 2 OF BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 589, LOCATED IN GOVERNMENT LOT 5 OF SECTION 17, T. 44 N., R. 9 W., IN THE TOWN OF BARNES, BAYFIELD COUNTY, WISCONSIN AND RECORDED IN VOLUME 4 OF CSM ON PAGES 189 AND 190

NOTE:

THE LOCATION OF THE ORDINARY HIGH WATER MARK IS APPROXIMATE AND FOR REFERENCE ONLY.

ANY LAND BELOW THE ORDINARY HIGH WATER MARK OF A LAKE OR A NAVIGABLE STREAM IS SUBJECT TO THE PUBLIC TRUST IN NAVIGABLE WATERS THAT IS ESTABLISHED UNDER ARTICLE IX, SECTION 1 OF THE STATE CONSTITUTION.

THE 30' COMMON DRIVEWAY EASEMENT WAS SHORTENED BY MUTUAL AGREEMENT OF THE ADJOINING LAND OWNERS.

LINE TABLE

LINE	BEARING	DISTANCE
L1	S 01°01'19" W	16.04'
L2	N 88°49'53" W	10.68'
L3	S 01°01'19" W	15.00'
L4	N 01°01'19" E	30.00'
L5	S 16°05'15" E	2.83'
L6	N 73°58'22" E	9.28'

BEARINGS ARE BASED ON THE NORTH LINE OF THE NE 1/4 OF THE SE 1/4 OF SECTION 17, ASSUMED AS N 88°44'40" W

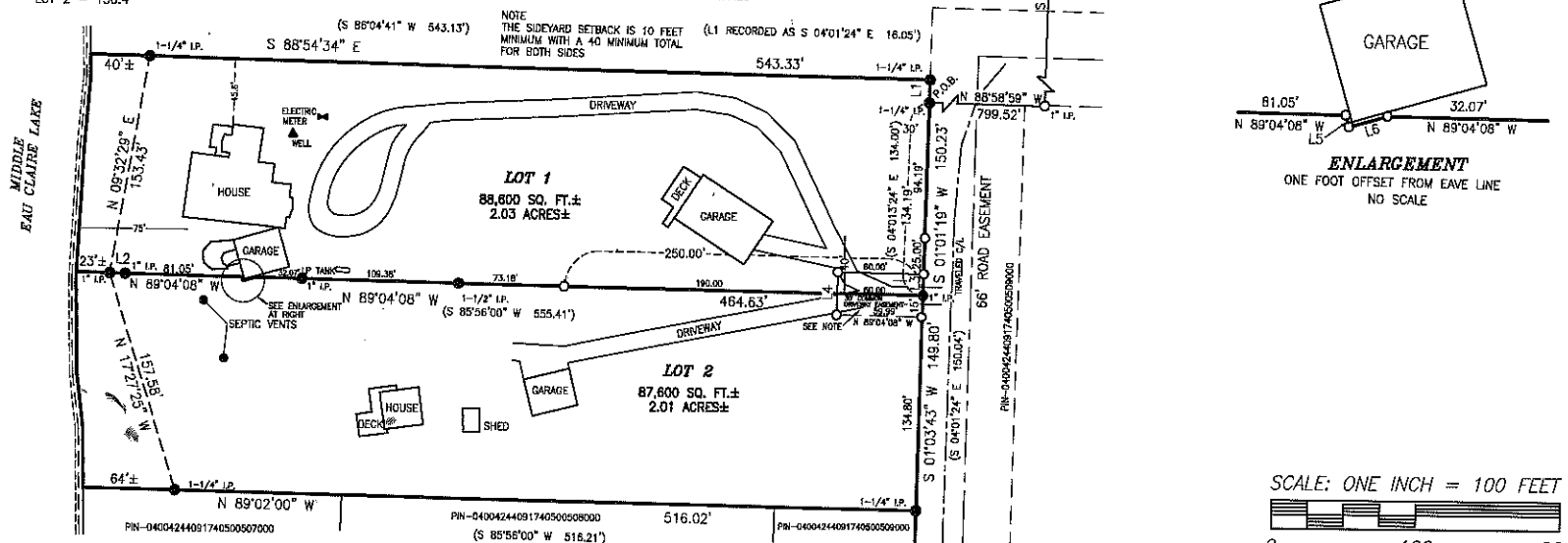
NE COR. GOV. LOT 4
1-1/4" I.P.
N 88°44'49" W 1323.36'
1/4 CORNER
S 01°07'25" W 1913.99'
SEC. 17 SEC. 16

SHORELINE MEASUREMENT
LOT 1 - 151.7'
LOT 2 - 150.4'

PIN-04004244091740500504000

TOTAL AREA
176,200 SQ. FT.±
4.04 ACRES±

NOTE
THE SIDEYARD SETBACK IS 10 FEET MINIMUM WITH A 40 MINIMUM TOTAL FOR BOTH SIDES



LEGEND

● MONUMENT FOUND, AS NOTED
1" (O.D.) X 18" IRON PIPE SET THIS SURVEY, WT. = 1.13 LB/FT
(0.00') = RECORDED AS "DATA"
— S — SETBACK LINE I.P. — IRON PIPE

CLIENT: HARMON, D.

JOB NO.: N14/153
SCALE: ONE INCH = 100 FEET
JULY 17, 2015

DRAFTED BY: T.E.O.
FILE: N/144NRW/SEC17
PSDATA/N14153 ACAD/N14153 HARMON CSM
NB. 401 PG. 17

SHEET 1 OF 3 SHEETS

NELSON
SURVEYING
INCORPORATED

SURVEYING YOUR MIND OF THE WOODS SINCE 1964

101 W. MAIN STREET
SUITE 100
ASHLAND, WISCONSIN 54806
(715) 682-2682
FAX: (715) 682-5100

MAP NO. CSM 2696A ©

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
SEP 03 2014
Bayfield Co. Zoning Dept.

Permit #: 16-0039
Date: 3-08-16
Amount Paid: \$805 10-17-14
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
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TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER							
Owner's Name:		Douglas & Linda Harman		Mailing Address:		City/State/Zip:		Telephone: 612							
Address of Property:		49167 E. Shore Rd		City/State/Zip:		Barnes WI 54873		Cell Phone: 612							
Contractor:		Self		Contractor Phone:		Plumber:		Plumber Phone:							
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Jason Brooks		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached							
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		Page(s)							
1/4, 1/4		Gov't Lot	5	Lot(s)	1	CSM	4/100	Vol	476	Subdivision:	Lot Size	Acres	20.22		
Section 17, Township 44 N, Range 9 W		Town of: Barnes		Distance Structure is from Shoreline: feet		Distance Structure is from Floodplain: feet		Is Property in Floodplain Zone?		Are Wetlands Present?					
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—continue →		Distance Structure is from Shoreline: feet		Distance Structure is from Floodplain: feet		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland															

Value at Time of Completion * include donated time & material	\$ 35,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Privy</u>	<input checked="" type="checkbox"/> Well	
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)			
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)			
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet			

Existing Structure: (if permit being applied for is relevant to it)	Length: 70	Width: 70	Height: 28
Proposed Construction:	Length: 24	Width: 54	Height: 24

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/> with Loft	()	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> with a Porch	<input type="checkbox"/> with (2 nd) Deck	()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/> with Attached Garage	()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	<input type="checkbox"/> Mobile Home (manufactured date)	()	
	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>deck</u>	<input type="checkbox"/> Accessory Building (specify)	(24 x 54)	1,396
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(24 x 24)	576
Rec'd for Issuance	<input type="checkbox"/>	Special Use: (explain)	()	
MAR 24 2016	<input type="checkbox"/>	Conditional Use: (explain)	()	
Secretarial Staff	<input type="checkbox"/>	Other: (explain)	()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed, all owners must sign or letter(s) of authorization must accompany this application)

Date: 9-2-14

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

55424

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	73 Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	NA Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	11.5 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>16-0039</u>		Permit Date: <u>3-28-16</u>					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Mitigation Required Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: <u>15-15B</u>	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: <u>Proposed location as represented by owner appears to be code compliant.</u>				Zoning District (R-1 R.3)		Lakes Classification (1)	
Date of Inspection: <u>9/18/2015</u>		Inspected by: <u>Robert Schickman</u>		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)							
Municipalities from Variance 15-15B satisfies impervious surface requirement.							
Signature of Inspector: <u>[Signature]</u>				Date of Approval: <u>11/25/15</u>			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	
						<input checked="" type="checkbox"/> Variance <u>Special Exception</u>	

(1) Show L...
(2) Show L...
(3) Show L...
(4) Show L...
(5) Show L...

